

State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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SECRETARY OF STATE STATE OF IDAHO

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(Type or print clearly in black ink) See instructions at bottom of page Date prepared Period covered SULLIVAN & REBERGER month ending PO Box 1703 Boise, ID 83701 (Mo.) Ick J. Sullivan Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel \* Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity

Do Not Have to be Reported All Employers Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services \*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1 The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item Names of Legislators & Public Officials in Group Place Amount Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS associated 11- 274 Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. ANTOGE WOKKOUS COMP Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. TO BE FILED WITH: No.3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080



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L-3 LOBBYISTS (Sec. 67-6619)



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SULLIVAN & REBERG PO BOX 1703 Boise, ID 83701 PUTKICK J. SU	Date pre	3/7/06			month ending  (Day)	(E)		
Item 1 Totals of all reportab	le expenditures made or	incurred by Lobb	yist or by L	obbyist's Emplo	yer on be	ehalf of Lobb	yist's Employer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)  Employer No. 4 Employer No. 5 Employer No. 6						7	
Entertainment Food and Refreshment Living Accommodations	\$	s	s	25	s_/	314	s	<u></u>
Advertising								
Telephone	Por l							<u> </u>
Other Expenses or Services  Total	\$	\$ Z		8	s_13	315	\$	_
*When the number of employers	you are reporting for requi	 res multiple L-3 form	ns to be filed	a total amount for	all employ	yers should be	entered on Page 1.	
Item The totals of each expended Date	ture of more than fifty of Place		legislator or nount		-2		ficials in Group	
Continued on attached page(s)								
INST	RUCTIONS		Item 3	Em	ployer(s) N	Name(s) and A	idress(es)	
Who should file this form: An 67-6617 Idaho Code.  Filing deadline: Monthly rep month for activities of the past  TO BE FILED WITH:  Be Secret PO	5,	PO BO	SIAN 16+ K 1695 HO95 HIST ICINI	26	3642 8 89119			
Boise, l Phone: (208) 334-2	-,	600 -EYE	51%	NW	0006			





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SULLIVAN & REBERGER PO BOX 1703 Boise, ID 83701 Patrick J. Sullivan						3/7/c	)6		month ending  Mo.) (Day) (Yr.)	. 0	
Item 1	Totals	of all reportab	le expenditures made or	incurred l	by Lobb	yist or by	Lobbyist's Empl	oyer on l	behalf of L	obbyist's Employer.	
Reimburse Expenses	Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported  * Total Amount for All Employers		Proportionate amounts contributed by each employer Item 3, at bottom of page.)  Employer No Employer N				loyer No.	, , , , , , , , , , , , , , , , , , , ,	7		
Enterta			\$	\$	B B	7   5 -	mployer No	\$	-S	Employer No. /	8
Living	Accommoda	ations		}							
Advert	ising		Del			_   -					_
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Other E	Expenses or	Services									_
		Total	\$	\$	6	s	B	\$	0	\$ 82 20	_
			you are reporting for requi							d be entered on Page 1.	_
Item 2	Date	or each expend	Place	ca) sianoi	<del></del>	nount				c Officials in Group	-
	Continued on	attached page(s)									
		TNOO	DAY CONY O NO			Item 3	Er	nployer(s)	) Name(s) an	nd Address(es)	_
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.  Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  TO BE FILED WITH:  Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080					10		COKJO OKJO nnys) It D	yania ( PK	Sere/oting Co Ste 200 232 n # 325 0004 co Pate) Ste 900 201 Miliance	<u>7</u> 2	



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Expenses Pertaining to Lobbying Activity \* Total Amount for Item 3, at bottom of page.) All Employers Do Not Have to be Reported Employer No. 1.2 Employer No Employer No. Employer N Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services Total \*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item 2 Names of Legislators & Public Officials in Group Date Place Amount Continued on attached page(s) Item Employer(s) Name(s) and Address(es) **INSTRUCTIONS** Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. CH2M-WG DDAHO, LLC

PO POX 1025
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CUTYCLTIONAL MEDICAL SWES TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 12647 GIVE BIVD 5+ LUUIS MO 63141



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Item Totals of all reportab	ole expenditures made or	r incurred by Lob	byist or b	y Lobbyist's Emplo	yer on behalf	of Lobbyist's Employer.		
Category of Expenditure Reimbursed Personal Living and Travel	* Total Amount for	Proportionate an Item 3, at botto		tributed by each emple	oyer ( <b>Identify</b> e	mployers, under		
Expenses Pertaining to Lobbying Activity  Do Not Have to be Reported	All Employers	Employer N	017T	Employer No./ 8	Employer l	No. 19 Employer No. 20		
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Living Accommodations								
Advertising								
Travel	- Joe							
Telephone	17 3/							
Other Expenses or Services								
Total	\$	s	s	7023	1 953	\$ 5		
*When the number of employers						hould be entered on Page 1.		
Item The totals of each expend Date	iture of more than fifty of Place		a legislato mount			Public Officials in Group		
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Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.				18 2345 Crystal of # 708				
TO BE FILED WITH:			SOUTHB	AST BY	AHO BNEIGYLLC			
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Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282				9	Bosse.	Jee 83206		



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Item 4		Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangib personal property to any Legislator, or for or on behalf of any legislator.									
	Date		Amount		Name of Legislator Receiving or Benefited						
	Subje	oct matter	of proposed legislat	ion, the number of the Senate		LEGISLATIVE SUE	LIECT.	IDENTIFICATION			
Item 5	or He	ouse Bill,	Resolution or other	logislative activity in which		DEGIGEA (1 VE BOI	dEC 1	IDENTIFICATION			
Subject (from	Code	Bill, Re	as supporting or o	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, county Government, special districts Government, state	Code 17  18 19 20 21 22 23 24 25 26 27 28 29 30  31	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
						Employer No. 1 signature		Date			
						Employer No. 2 signature		Date			
				above is a true, complete and		Employer No. 3 signature		Date			
					J	Employer No. 4 signature		Date			